

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Deflection Swivel and Method the specification of which:

☒ is attached hereto.
☐ was filed on: _____, as Application Serial No. _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, with full power of substitution and revocation:

Name	Registration No.	Address Telephone Calls and Correspondence to:
Daniel N. Lundeen	31,177	Lundeen & Dickinson, L.L.P.
David B. Dickinson	47,525	P.O. Box 131144
Howard Lee Huddleston	51,824	Houston, Texas 77219-1144
Michael F. Hay	54,155	(713) 652-2555

I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

INVENTOR'S FULL NAME: Vernon E. Kauffman

INVENTOR'S SIGNATURE: Vernon E. Kauffman

Date: 6-17-04

CITIZENSHIP: US

RESIDENCE ADDRESS: 1007 Lynn Circle; Friendswood, TX 77546

POST OFFICE ADDRESS: 1007 Lynn Circle; Friendswood, TX 77546

INVENTOR'S FULL NAME: Douglass B. Leeth

INVENTOR'S SIGNATURE: _____

Date: _____

CITIZENSHIP: US

RESIDENCE ADDRESS: P.O. Box 16099; Lake Charles, LA 70616

POST OFFICE ADDRESS: P.O. Box 16099; Lake Charles, LA 70616

INVENTOR'S FULL NAME: John A. Lemke

INVENTOR'S SIGNATURE: _____

Date: _____

CITIZENSHIP: US

RESIDENCE ADDRESS: 502 W. Russel Ave. Lot C; Welsh, LA 70591

POST OFFICE ADDRESS: 502 W. Russel Ave. Lot C; Welsh, LA 70591

INVENTOR'S FULL NAME: Max H. Smith

INVENTOR'S SIGNATURE: _____

Date: _____

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INVENTOR'S FULL NAME: Vernon E. Kauffman

INVENTOR'S SIGNATURE: _____

Date: _____

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INVENTOR'S FULL NAME: Douglas B. Leeth

INVENTOR'S SIGNATURE: Douglas B. Leeth

Date: 6-22-04

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INVENTOR'S SIGNATURE: John A. Lemke

Date: 6-22-09

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